

THE RUSSIAN FEDERATION AND HIV/AIDS

TALKING POINTS

The formation of the Russian Federation from the breakup of the former Soviet Union has given rise to increased levels of unemployment and poverty, the deterioration of the health care system, and a rise in communicable and infectious diseases. At the end of 1998, 29 percent of the population were living below the poverty level.

Since the first case of AIDS was identified in 1985, Russia has maintained a low HIV-seroprevalence rate, currently at 0.05. However, there are signs of an emerging HIV/AIDS epidemic fueled by several factors. As of September 1999, a total of 19,105 HIV infections were registered, although the estimated number exceeds 50,000. The most recent trend in HIV/AIDS transmission is through injecting drug users (IDUs).

WOMEN AND HIV/AIDS: The male/female rates of HIV infection are approximately 3:1. This differential likely will be reduced as the epidemic spreads to the general population. The number of female sex workers continues to grow in correlation with economic needs.

CHILDREN AND HIV/AIDS: As of August 1999, 532 children were identified among the 16,666 total registered HIV-infection cases. In most cases, the mothers are young female drug users who abandon their children. Nine children aged 11-14 were infected through injecting drugs during the first 6 months of 1999.

YOUTH AND HIV/AIDS: Socioeconomic conditions in Russia that have created widespread unemployment, increased poverty, and alienation between parents and youth have resulted in a general malaise among young people and the proliferation of runaway and street children. It is estimated that roughly 20 percent of IDUs are teenagers. Data from 1999 specifically identify youth aged 18-25 as the most vulnerable to HIV infection, and this group may be getting younger.

NATIONAL RESPONSE: Between 1993-1995, Russia developed a national Anti-AIDS Federal Program that was renewed again in 1996, with continuation through 2000, and which functions under the auspices of the Ministry of Health. Due to economic constraints, no funds from the federal budget were granted to the program from 1996 until the end of 1998, which severely compromised the development and implementation of an effective national response.

DONORS: In 1998-99, USAID funded capacity building for nongovernmental organizations (NGOs). From March 1998 to March 2000, USAID is also supporting prevention activities with US \$3.8 million. The USAID strategy for 1998-2000 focuses on six priority areas, including information, education, and communication; partnering U.S. and Russian NGOs; and, improving clinical management of STIs.

INSTITUTIONAL INTERVENTIONS

THE RUSSIAN FEDERATION

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THE RUSSIAN FEDERATION AND HIV/AIDS

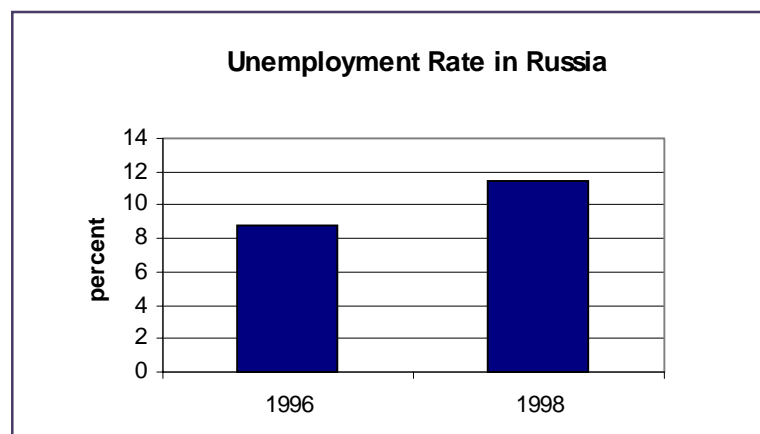
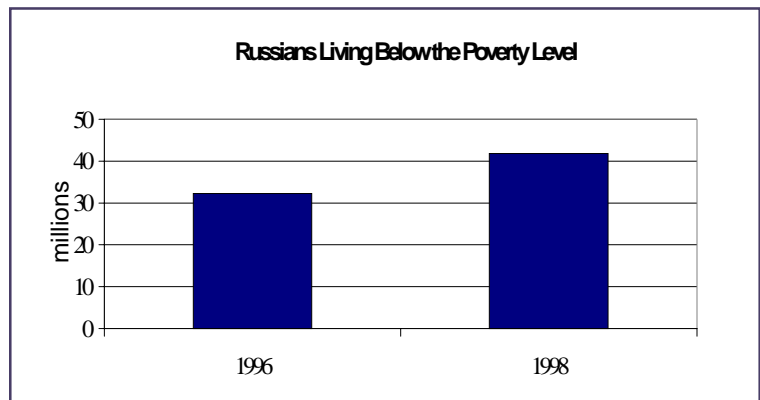
COUNTRY PROFILE

The Russian Federation emerged as an independent country from the former Soviet Union at the start of this decade and maintains the characteristics of vastness and diversity. At almost twice the area of the United States, Russia is the largest country in the world in landmass.

The 1999 population of Russia is estimated at 146.3 million in 1999, reflecting a decrease by almost 2 million during the years 1992-98. This decline is largely due to lower birth rates and reduced life expectancy. Between 1992-97, life expectancy fell for men by 1.2 years and for women by 0.9 years and resulted in an average life expectancy of 61.8 years for men and 72.9 years for women. The population aged 15-49 (representing the reproductive and most economically productive years) numbers over 77 million. More than 73 percent of the population lives in urban areas and literacy is high—over 98 percent of the population aged 15 years and older. Approximately 81 percent of the population are of Russian ethnicity.

Overall, the breakup of the former Soviet Union and the formation of the Russian Federation produced ramifications that strongly affected the socioeconomic framework of the country and the daily lives of the people. Among these changes were deterioration of the health care system, rise in communicable and infectious diseases (especially HIV and other sexually transmitted infections [STIs]), decline in nutrition, increased levels of unemployment and poverty, unprecedented income disparity, rise in crime, illegal drug trade and injecting drug use, proliferation of street children, disenchantment by youth, and increased movement of people into and out of Russia.

Prior to January 1996, the number of Russians living below the poverty level totaled 32.3 million, but by the end of 1998, the figure increased to 41.9 million. During this same period,

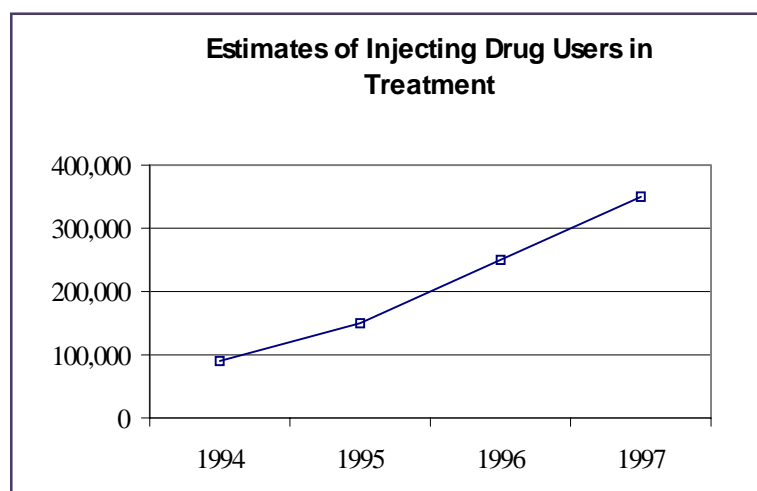
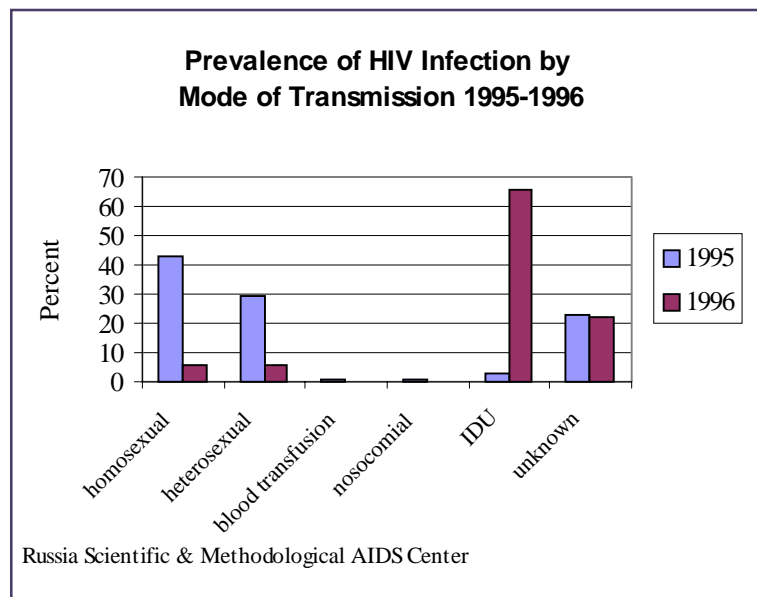


unemployment rose from 8.8 to 11.5 percent. Moreover, in recent years social services, which had previously been fully covered under the government of the Soviet Union, including health care, education, pensions, and child support, diminished in quantity and quality.

HIV/AIDS IN RUSSIA

HIV was first identified in the Soviet Union in 1985. In the years that followed, the number of identified HIV-infected persons remained very small and for a decade the World Health Organization (WHO) classified the nation as a low HIV-prevalence country. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), the seroprevalence rate at the end of 1997 was 0.05.

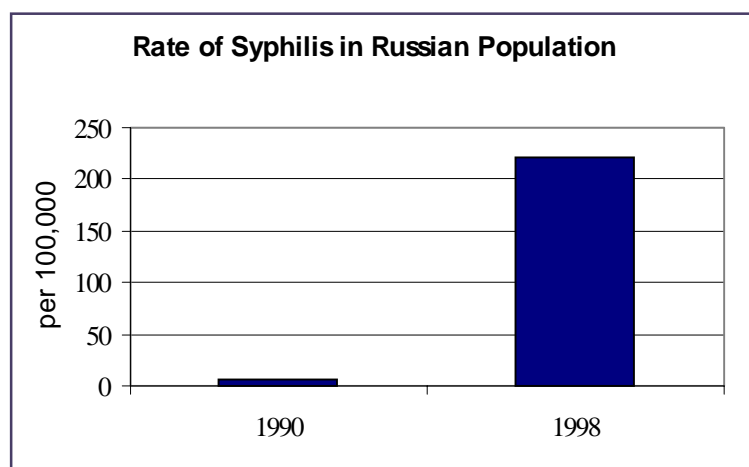
- Between 1987-95, the number of reported HIV infections totaled 1,062, including 277 children who had contracted the virus through nosocomial (originating in a hospital) routes.
- In 1996, a dramatic shift occurred and new HIV infections reached 1,546 in all regions of the country. This is more infections than in the previous eight years combined.
- Over 66 percent of the new cases in 1996 were linked to injecting drug users (IDUs).
- In 1998 and through mid-1999, the Ministry of Health figures for registered new infections showed 90 percent were among IDUs.
- September 1999 figures indicate a total of 19,105 registered HIV infections, while the estimated number exceeds 50,000.
- The military recorded 64 cases of HIV infection in 1996 and 72 cases in 1997.



In Russia, the HIV epidemiological pattern for routes of infection incurred several variations since the first detection of the virus. During the 1980's, transmission through sexual intercourse comprised the majority of new HIV infections and these cases were almost evenly divided between heterosexuals and men who have sex with men. An exception to this pattern occurred during 1988-89, with the nosocomial outbreak among children in southern Russia. By 1991, sexual transmission of HIV once again ranked as the dominant route of transmission through 1995. When HIV infection spread among IDUs in 1996, the epidemiological pattern underwent a huge and rapid shift.

One target population exemplifies the 1996 shift from sexual HIV transmission to the emphasis on IDU transmission. Of the more than one million people confined in Russia's prisons in 1997, there were 1,636 identified HIV-infected individuals, nearly 93 percent of whom were drug users. From 1987-95, in contrast, only 46 HIV-positive prisoners were identified and none were drug users.

Experts anticipate that the epidemiological pattern will change again and that sexual contact will become the most common mode of transmission. This especially will be true if the epidemic spreads more widely into the general population. To date, the most HIV-affected age group comprises those 20-40 years of age and infection rates are highest among males.



In addition to HIV, there is a dramatic surge in the incidence of sexually transmitted infections (STIs) that create predisposed conditions favorable to increased HIV transmission. In 1998, the rate of syphilis per 100,000 was 220.7, compared with 5.4 for 1990. This enormous change indicates, among other things, the infrequency of condom use, although generally they are available. Condom use may be discouraged due to lack of awareness about condoms as protective devices against HIV and others STIs, lack of acceptance and concern about quality, and cost.

Limited information is known about sexual behaviors and risk behaviors in Russia among men who have sex with men. Attitudes about homosexuality are negative and the culture of men who have sex with men is kept largely underground.

Furthermore, the migration of people into and across Russia for business and labor purposes, particularly into port cities or urban centers with good transportation links with harbors, contributes to the spread of drugs, STIs and HIV in the country and across the region. The areas of highest HIV prevalence in Russia are in and around Moscow, Kaliningrad, Krasnodar, Tver, and Rostov.

The federal HIV law authorizes mandatory HIV testing for blood, organ, and tissue donors and for medical/laboratory personnel working with HIV prevention and care. In addition, testing is obligatory for certain categories of workers as a condition of employment. However, categories are not defined or limited in the law; judgment is left to the ministries to determine who should be tested in their respective sectors.

Concerns about appropriate application of the testing law and human rights abuses have been voiced. According to the International Council of AIDS Service Organizations (ICASO), many categories of people have been required to undergo testing: salespersons, drivers of public transportation, police officers, patients (when entering a hospital or public health care institution), children and youth (as part of medical checkups required by summer camps), students (when enrolling in colleges), senior citizens (when entering institutions for the elderly), and pregnant women (including women applying for an abortion). Lack of information about the law on the part of testing personnel and the person to be tested, as well as lack of choice about whether to be tested and knowledge that refusal may result in the inability to access desired services, had created contested situations.

Pre- and post-test counseling are not usually available at the time of testing. Once an individual tests positive for HIV, the testing staff refers the person to a health institution for free medical services and medicine.

Today, the major risk group for HIV/AIDS in Russia is injecting drug users (IDUs)—over two thirds of the new HIV cases in 1996 were IDUs—and the size of this group is growing exponentially. Estimates of illicit drug users in treatment (two thirds of whom are using injectable drugs) climbed from 91,000 in 1994 to 149,000 in 1995, to 249,000 in 1996 and to 350,000 in 1997. Males make up the overwhelming majority (75-85 percent) of IDUs. HIV easily and rapidly passes among IDUs as sharing of injection supplies is common. Homemade drugs from poppy derivatives tend to carry increased risk of HIV contamination due to packaging in previously used syringes and other characteristics of the production process.

WOMEN AND HIV/AIDS

Currently, the male/female rates of HIV infection in Russia are approximately 3:1. This differential likely will be reduced as the epidemic spreads to the general population, which is inevitable given the current epidemic of STIs. Studies show that women, for biological reasons, are more vulnerable than men to HIV infection through heterosexual intercourse.

As a consequence of the recent socioeconomic deterioration in Russia, increasing numbers of women engage in sex work as a survival strategy or as a source of extra income. Income from sex work generally surpasses earnings from other types of employment. In central Moscow, the average charge is approximately US \$200. The profile of women engaging in commercial sex is extensive and includes businesswomen, lawyers, nurses, and others with less formal education. Higher levels of injecting drug use and/or sexually transmitted infections, which are often found among sex workers, place them at even greater risk for HIV. One study in Kaliningrad found that 40 percent of the sex workers were HIV infected.

The demand for sex workers in Russia has also risen due to recent affluence among a minority of Russians and to increasing numbers of foreign visitors. Mobility of sex workers will introduce HIV infection to areas where prevalence is currently low or nonexistent. In Moscow, the estimated number of sex workers ranges between 13,000-30,000 and they often come from Ukraine. Women from Russia also migrate abroad (sometimes as a result of misrepresented opportunities, for example, to Holland, Germany, France, Spain, Italy, Russia, Turkey, India, and the Middle East) and intentionally or unintentionally end up in the sex trade. Earnings of sex workers vary depending on the location and work conditions.

CHILDREN AND HIV/AIDS

Based on HIV/AIDS scenarios in other countries, as the epidemic grows and spreads into the general population, the impact on children becomes stronger. More HIV-infected children are born and need services, more children of HIV/AIDS-infected families are required to demonstrate inappropriate levels of self-reliance at earlier ages, and more children are abandoned and orphaned.

In 1996, mother-to-child transmission of HIV through pregnancy represented 0.32 percent of reported new infections. The most recent data from the Ministry of Health (August 1, 1999) conclude the same rate with 532 children among the total 16,666 registered HIV-infection cases. Among these children, 175 were born to HIV-infected mothers during the first seven months of 1999. In most cases, the mothers are young female drug users who abandon their children.

Reports indicate nine children aged 11-14 years were infected with HIV through injecting drugs during the first six months of 1999.

YOUTH AND HIV/AIDS

Socioeconomic conditions in Russia that have spawned unemployment, poverty, and larger gaps between parents and youth have resulted in a malaise of disenchantment among young people and the proliferation of runaways and street children. It is reported that many young people no longer believe in the future. Loss of educational opportunities may contribute to this attitude. For example, one departure from the social programs offered under the Soviet Union is that university education is less accessible than it was in the past.

Due to these uncertain socioeconomic conditions, many youth engage in risky behaviors associated with HIV/AIDS, including earlier onset of sexual intercourse, unprotected sex, and drug use. Data from 1999 specifically identify youth aged 18-25 as the most vulnerable to HIV infection and the age group may be moving lower. Up to 20 percent of IDUs in St. Petersburg are teenagers.

INTERVENTIONS

NATIONAL RESPONSE

Because the HIV/AIDS epidemic in Russia grows at the same time major upheavals occur within the government, society and economy, the ability to develop and implement an effective national response is severely compromised. In addition, since the population of Russia extends across such a large territory, it would be difficult under any circumstances to adequately address an epidemic that moves so rapidly and silently. Such an effort is made even more difficult due to the fact that the population experiencing the most severe infection rates—injecting drug users—is pushed underground due to illegality of its drug use.

Between 1993-95, Russia developed a national Anti-AIDS Federal Program that was renewed again in 1996 with continuation through 2000 and functions under the auspices of the Ministry of Health. The AIDS Program works through collaboration with federal, territorial and regional AIDS centers. Due to economic constraints, no funds from the federal budget were granted to the program in 1996-97, and not until the end of 1998 was funding received. One of the primary activities of the regional AIDS centers is HIV testing.

In 1995, Russia enacted the Federal HIV/AIDS Law that outlines guidelines for coping with and preventing HIV/AIDS. Over 20 million tests have been performed annually. Approximately 13,600 voluntary anonymous tests were performed in 1997 at test sites located in several major cities.

Outreach education about the dangers of homemade drug preparation and other harm-reduction messages (e.g., “Don’t share needles”) have assisted in reducing risky behaviors among IDUs, although in some areas there are few outreach activities, and overall funding is limited. Campaigns such as needle exchange programs are less common and the law impedes this type of effort.

Responding to the spread of HIV in the military is difficult due to lack of funds, although interest in and need for increased HIV/AIDS prevention and training activities is acknowledged by key military officers. Discussions to this effect were held during a technical support mission in July 1998 by the Civil-Military Alliance to Combat HIV and AIDS, a collaborating center of UNAIDS.

The policy in Russia is to separate HIV-infected prisoners into living quarters apart from the general prison population. (Communal living with one large room that houses many inmates is the standard arrangement in Russian prisons.) Prisoners, by law, are to be extended adequate treatment related to HIV infection.

DONORS

Donor support for HIV/AIDS activities in Russia grows, but levels of commitment remain inadequate. Because of the speed at which the epidemic is rising and the compromised state of Russia’s government and economy, donor support is urgently needed. Much of the information on donor support for HIV/AIDS activities was obtained through a report prepared by the UNAIDS representative in Russia.

USAID's strategy on HIV/AIDS for the Russian Federation for 1998-2000 identifies six priority areas: HIV/AIDS prevention among injecting drug users, educational programs for vulnerable youth, generalized safe sex campaigns, specific training for the establishment of outreach groups and peer education programs, partnering U.S. and Russian nongovernmental organizations (NGOs) that work in the area of HIV/AIDS, and improving clinical management of sexually transmitted diseases. In 1998, USAID funded NGO capacity building with \$110,000 and projected funding for 1999 was \$150,000. The Agency has funded HIV/AIDS social marketing prevention activities with US \$3.8 million from March 1998 to March 2000.

The government of Germany was one of the first international donors to offer support for HIV-prevention activities in the northwest region, Kaliningrad and St. Petersburg.

The Swedish International Development Agency (SIDA) and the **European Union Technical Assistance to the Commonwealth of Independent States Programme (EU-TACIS)** are co-financing a capacity-building project on preventing the spread of HIV/AIDS across international borders. This activity, started at the end of 1998, is being implemented jointly by the twin cities of Kaliningrad and Malmö, Sweden.

The United Kingdom's Know How Fund began funding HIV/AIDS projects in 1997. Funding includes support to the Russian Names Fund for self-help groups, an HIV/AIDS and human rights project undertaken by AIDS Infoshare in 1998 and a larger project in collaboration with several Russian NGOs that focuses on injecting drug users in the Sverdlovsk region.

UNAIDS opened an office in Moscow in December 1996 and now works through the United Nations Theme Group on HIV/AIDS for the Russian Federation to bring together the United Nations agencies, Russian government and key local and international NGO partners to support the national response to the HIV/AIDS epidemic. In particular, UNAIDS works closely with the government to strengthen its capacity to develop and to implement a strategic AIDS plan and to strengthen HIV/AIDS prevention among children and youth.

The Open Society Institute, a network of foundations dedicated to transforming closed societies into open ones and funded by George Soros, provides support for promoting health and specifically, for prevention of HIV/AIDS. In 1998, funding was provided for projects in nine cities aimed at prevention of HIV and other infectious diseases among injecting drug users. During 1999, similar projects will be funded in six additional locations.

The World AIDS Foundation has funded, during the past three years, a project in which medical workers are being trained to reduce HIV infection through patient education. AIDS Infoshare implements this activity.

PRIVATE VOLUNTARY ORGANIZATIONS (PVOS) AND NONGOVERNMENTAL ORGANIZATIONS (NGOS)

The major cooperating agencies (CAs) through which USAID implements HIV/AIDS activities

are Family Health International (FHI) (Implementing AIDS Prevention and Care Activities [IMPACT] Project) and Population Services International (PSI) (AIDSMARK Project). PSI also facilitates the transfer of skills between U.S. and Russian organizations working on HIV/AIDS activities.

Overall, only a limited number of NGOs exist in Russia, although they have increased in recent years with the emergence of the Russian Federation. Given the weakened state of the government, NGOs take on increased importance in fulfilling roles and providing infrastructure previously carried out by the government. Moreover, due to the social turmoil that now exists in Russia, NGOs often are able to provide a measure of stability and adaptability that might otherwise go unmet.

To their credit, many NGOs have been formed in Russia and have undertaken HIV/AIDS activities during the past several years. AIDS Infoshare, established in 1993 and based in Moscow, works to improve Russia's information infrastructure in the field of HIV/AIDS and human rights within the Russian health care system by providing information, services and support to those affected by HIV/AIDS. The organization maintains a database of over 1,000 Russian and foreign organizations working in Russia. In addition, AIDS Infoshare collaborates on and implements many HIV/AIDS projects.

A number of international NGOs also undertake HIV/AIDS activities in Russia. Médecins Sans Frontières/Holland began HIV/AIDS work in Russia in 1995. Project activities have included safe-sex campaigns for youth, training of health professionals, and outreach to IDUs.

CHALLENGES

The primary challenges faced in addressing the HIV/AIDS epidemic in Russia stand out clearly at the macro level:

- high rates of injecting drug use and sexually transmitted infections,
- the political and socioeconomic turmoil in which the nation resides following the breakup of the former Soviet Union,
- lack of financial resources, and
- a limited nongovernmental sector.

In terms of HIV/AIDS programming, activities that would improve prevention and care include:

- focus on injecting drug users, sex workers, youth, and men having sex with men;
- harm reduction programs for injecting drug users, including needle and syringe exchange and substitution therapy;
- greater outreach to youth and more peer education programs;
- sex-education and life-skills programs integrated into school curricula;
- condom social marketing efforts;
- support for prevention and treatment of sexually transmitted infections;
- greater emphasis on prevention activities rather than testing in the national AIDS strategy;

- strengthening of local NGOs' capacities in HIV/AIDS prevention and care activities; and,
- development of HIV/AIDS prevention and care expertise at all levels within Russia.

FUTURE ACTIONS NEEDED

The surge in the HIV epidemic in Russia is relatively new and the lapse of time that occurs between HIV seropositivity and the development of AIDS has yet to transpire. Thus, the current number of AIDS cases presents a very incomplete picture as rates of HIV infection suggest that AIDS cases will rise significantly in the not too distant future. Tuberculosis, already a major health problem in Russia, is expected to increasingly multiply as more people develop AIDS.

The gravity of the HIV/AIDS epidemic and its companions—injecting drug use, other sexually transmitted infections and socioeconomic turmoil—demand that Russia's NGO sector be increased and strengthened as quickly as possible. Under current conditions, much of the burden for responding to HIV/AIDS rests among Russian NGOs. Given this context, providing technical assistance, capacity building and funding to NGOs working in HIV/AIDS is of primary importance.

Who will meet the challenge of HIV/AIDS in Russia? At this time, the government is not in a position to act on its own at a level commensurate with the gravity of the problem. It lacks the leadership, ability and resources to do so. Therefore, recommendations for HIV/AIDS programming need to include efforts to target donors, experts and key leaders from around the world who can apply their resources (financial and otherwise) to provide a partnership of international response to the HIV/AIDS epidemic that rages across Russia and the region today.

IMPORTANT LINKS AND CONTACTS

1. UNAIDS Representative for the Russian Federation, Moscow, Mr. Arek Majczyk; Tel: +7-095-232-5599, Fax: +7-095-232-9245, E-mail majczyk@unhcr.ch.
2. AIDS Infoshare/Russia, Information Coordinators: Robin Montgomery and Gennadii Roschupkin; Tel: 709-5-119-3316, Fax: 709-5-383-7533, E-mail: infoshare@glas.apc.org.
3. Civil-Military Alliance to Combat HIV and AIDS, Co-Director Stuart J. Kingma, M.D., 20, route de l'Hôpital, CH-1180 Rolle, Switzerland; Tel: +(41-21) 825-35-29, Fax: +(41-21) 825-35-86, E-mail: kingma@iprolink.ch.

**Prepared by TvT Associates
under The Synergy Project
October 1999**